

# RIGHT TO REQUEST A STATE HEARING

1. You have the right to a conference with representatives of the County Welfare Department to talk about this intended action. At such a conference, you may speak for yourself or be represented by a lawyer, a friend or other spokesperson. If you want a conference, contact your county department.
2. Whether you request a conference or not, you also have the right to request a State Hearing and decision by the Director of the State Department of Social Services (see form below). Your request may be written or oral but it must state that you want a hearing and why you are dissatisfied. **YOUR REQUEST FOR A HEARING MUST BE MADE WITHIN 90 DAYS OF THE MAILING DATE OF THIS NOTICE.**
3. **IF YOU REQUEST A STATE HEARING ANYTIME BEFORE THE EFFECTIVE DATE OF THE COUNTY'S PROPOSED ACTION, YOUR SERVICES MAY CONTINUE UNTIL THE HEARING.** You will not be liable for repayment of services monies received pending the hearing, even if the result is a denial, provided your request is made in good faith.
4. You may request a State Hearing on your own, or you may ask your county department for assistance. In either case, however, be sure to inform your county department worker as soon as possible.
5. At a State Hearing you have the right to be represented by an attorney or any other person (a friend, relative, or other spokesperson), of your choice. You may obtain free legal advice and the services of a lawyer. You can get help in locating free legal assistance by calling the toll-free number of Public Inquiry and Response. You may also contact the nearest social service rights organization for assistance in presenting your claim.
6. State regulations governing State Hearings for social services are available at the office of the County Welfare Department.
7. **Information Practices** - The information you are requested to provide is mandatory in order to process your request for a State Hearing pursuant to W & IC 10950. A case file will be established by the Office of the Chief Referee. You have the right to examine the materials that constitute the record for decision. Any information you provide may be shared with the County Welfare Department or the United States Department of Health and Human Services.

*If you wish to make a written request for a State Hearing, please send this page to the County Welfare Department. The address is found on the front side of this notice on the top right hand corner.*

*To make an oral request for a State Hearing, or obtain further information about your State Hearing rights or files, you may contact:*

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**Public Inquiry and Response**  
State Department of Social Services  
744 P Street, Mail Station 16-23  
Sacramento, Ca. 95814  
(800) 952-5253 (toll-free number)\*  
**TDD (800) 952-8349\* For Hearing and Speech Impaired**

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\*You may have to dial "1" first.

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## REQUEST FOR STATE HEARING

Name (Last, First, Middle Initial)	Phone No.	Social Security No.
Address	City	State Zip Code

I hereby request a State Hearing before the State Department of Social Services on the action taken by the County regarding my social services. The reasons for my request are as follows:

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I have trouble understanding English, therefore I request an interpreter for my hearing in the following:	Language	Dialect
Signature	Date Signed	

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## AUTHORIZED REPRESENTATIVE

I have authorized the following person to act on my behalf in my appeal. I authorize the Department to release any or all information about my case to that person.

Name of Authorized Representative	
Address of Authorized Representative	
Signature of State Hearing Applicant	Date Signed

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